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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/800,587 – Conf. #1652
	Filing Date	March 15, 2004
	First Named Inventor	James C. Weaver
	Art Unit	3767
	Examiner Name	B. Mehta
	Attorney Docket Number	101328-243(MIT10778L; MGH1631)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: · 021125

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 021125

OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of partial interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	*(signature)*
Name	DANIEL O'BRIEN
Date	MARCH 24, 2008	Telephone	617 253 6966

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

| 1 | *Total of | 1 | forms are submitted. |

Revocation of Power of Attorney or Authorization of Agent

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 4/4/08   Signature: *(signature)* (Rory P. Pheiffer)

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